MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 196

10101

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fulton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Fulton
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Amos

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 1939

8. AGE: Years — | Months — | Days — | If less than one day ____hr. ____min.

9. Birthplace Fulton
(Town, county, and state)

10. Usual occupation None

11. Industry or business —

FATHER 12. Name Clay Amos
13. Birthplace Tennessee

MOTHER 14. Maiden Name Pearl Mitchell
15. Birthplace Tenn

16 (a) Informant Clay Amos
(b) Address Fulton Md

17 (a) In Farm (Burial, cremation, or removal) (b) Date thereof Oct 6 1939 (month) (day) (year)
(c) Cemetery or crematory —
Location Fulton

18 (a) Funeral director None
(b) Address —

19 (a) Oct 5 (Date rec'd by registrar) (b) L A Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death About Oct 5 1939, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939, to Oct 5 1939, and that I last saw him alive on Oct 4 1939.

Immediate cause of death	Duration
A Mother at about 5 th Month of Pregnancy	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature L A Nichols M. D. or other

Address Clarksville Date signed Oct 5 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10102

(93-C)

1. PLACE OF DEATH

County Howard Registration Dist. No. 190

Village or City Elkridge (Rockburn Hill) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Rosalie Berrett

(a) Residence: No. Rockburn Hill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James Curtis Berrett

6. DATE OF BIRTH (month, day, and year) Oct 3 - 1857

7. AGE: Years 82 | Months 0 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Domestic

10. Date deceased last worked at this occupation (month and year) Oct 39

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dodge Co. Va

FATHER

13. NAME James Durken

14. BIRTHPLACE (city or town) (State or country) Cork, Ireland.

MOTHER

15. MAIDEN NAME Nancy Gallagher

16. BIRTHPLACE (city or town) (State or country) ? Penna.

17. INFORMANT (Address) Miss Catherine Berrett Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Augustine Cem Date 10/31, 1939

19. UNDERTAKER (Address) Gene A. Farley Catonsville Md

20. FILED Oct. 30 1939 (Miss) J. Bird Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 28, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1939, to Oct 28, 1939

I last saw her alive on Oct 28, 1939; death is said to have occurred on the date stated above, at 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chr. Myocarditis	10-23/39

Other Contributory Causes of importance:

Senility, General arteriosclerosis

Name of operation None Date of ✓

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) B. B. Brumbaugh M.D.

(Address) Elkridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

10103

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella May Blackwell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1939.

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace Ellicott City Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name Daniel Blackwell

13. Birthplace Md.

MOTHER 14. Maiden name Louise Matthews

15. Birthplace Md.

16. Informant Daniel Blackwell

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-23-39 (month) (day) (year)

Cemetery or crematory Pine Orchard.

Location Ellicott City, Md (Rural)

18. Funeral director H. C. Hagenbottom Jr.

Address Ellicott City Md

19. Oct. 23 1939. (Date rec'd by registrar) John B. Leatherman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1939, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-22 1939, to 10-22 1939, and that I last saw her alive on 10-22 1939.

Immediate cause of death	DURATION
Due to Still birth	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Bungtop MD
M. D. or other

Address Ellicott City Date signed 10-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10104

1. PLACE OF DEATH (93-d)

County Howard Co Registration Dist. No. 195

Village or City High Ridge No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lavinia Curry. If U. S. Veteran, specify WAR

(a) Residence: No. R. F. D., Laurel St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mason Curry.

6. DATE OF BIRTH (month, day, and year): Unknown.

7. AGE: Years 87 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Gaskins North.
14. BIRTHPLACE (city or town) (State or country): Thermoble Va.

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Mrs. Lilly Scott High Ridge (Near Laurel Md)

18. BURIAL, CREMATION, OR REMOVAL
Place: Round Oak Mont. Co. Date: Oct 19, 1939

19. UNDERTAKER (Address): Ridgly Selby 401 Wash. Ave Laurel Md

20. FILED: 10/19/39, 19 F. E. Shipley M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1939, to Oct 15, 1939

I last saw her alive on Oct 15, 1939; death is said to have occurred on the date stated above, at 3:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Oct 7, 39

Other Contributory Causes of importance:

Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. S. Hudson M. D.

(Address) Laurel, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

10105

CERTIFICATE OF DEATH

(946)

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Simpsonville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Sandy Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Arthur Edwards
3. (b) Social Security Number

4. Sex: male
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Sarah Edwards
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): February 12, 1867
8. AGE: Years 72 | Months 7 | Days 21 | If less than one day ____ hrs. ____ min.
9. Birthplace: Montreal, Canada (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Alfred Edwards
13. Birthplace: Montgo. Co.
MOTHER 14. Maiden name: Caroline Smallwood
15. Birthplace: Sandy Spring, Md.
16. Informant: Irvin Fuller
Address: Sandy Springs, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Oct. 7, 1939 (month) (day) (year)
Cemetery or crematory: Sandy Springs, Md.
Location: Sandy Springs, Md.
Mont. Co.
16. Funeral director: Robert L. Snowden
Address: 246 N. Wash. St. Rockville, Md.
19. Oct. 4, 1939 (Date rec'd by registrar) John B. Lingham Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-3 1939, at 3 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-3 1939, to 10-3 1939, and that I last saw him ~~alive on~~ dead at 10-3 1939.
Immediate cause of death: Coronary Thrombosis — DURATION: 15 min.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: George E. Burgtorf MD. acting ~~assistant~~ medical examiner Howard Co. M. D. or other
Address: Ellicott City Date signed: 10-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

10106

CERTIFICATE OF DEATH

Reg. Dist. No. 197

1. PLACE OF DEATH:

County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William M Mahon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	married.

B (b) Name of husband or wife Louise I Mahon

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1882

8. AGE:

Years	Months	Days	If less than one day
57	6	18	hrs. min.

9. Birthplace Ellicott City md.

(Town, county, and state)

10. Usual occupation Deputy Clerk of Court

11. Industry or business

FATHER

12. Name John J Mahon

13. Birthplace Maryland

MOTHER

14. Maiden name Bridget Nee

15. Birthplace Virginia

16. Informant Mrs. Louise I Mahon

Address Ellicott city md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 9 39 (month) (day) (year)

Cemetery or crematory St Johns

Location Howard Co. md Ellicott City

18. Funeral director F C Higinbotham Jr.

Address Ellicott City Md.

19. 10-7 1939 (Date rec'd by registrar) John B. Laughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1939, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 6 1939, to Oct 6 1939, and that I last saw h- alive on Oct 6 1939.

	DURATION
Immediate cause of death Pulmonary Hemorrhage	Minutes
Due to Pulmonary Tuberculosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul O. Miller M. D. or other

Address Ellicott City Md. Date signed 10-7-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 13 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10107

93-d

1. PLACE OF DEATH

County Howard — Registration Dist. No. 739 195

Village or City Laurel — No. R. F. D. #1 — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alpheus H. Martin — If U. S. Veteran, specify WAR ...

(a) Residence: No. R. F. D. #1 St., Ward. Laurel Maryland

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Clara J. Martin

6. DATE OF BIRTH (month, day, and year): Jan. 22, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Truck Hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: B & O. R. R.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Luther A. Martin

14. BIRTHPLACE (city or town) (State or country): Howard County Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Sullivan

16. BIRTHPLACE (city or town) (State or country): Howard County Maryland

17. INFORMANT: Mrs. Clara J. Martin

(Address) R. F. D. #1 Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Laurel Md. Date Oct 16, 1939

19. UNDERTAKER: H. H. Chambers Co.

(Address) 918 Cleveland Ave Riverdale

20. FILED Oct 14, 1939 M. Brashears Deal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1939, to 10-14, 1939

I last saw him alive on 10-14, 1939; death is said to have occurred on the date stated above, at 8-15 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Myocardial Failure	5-25-39
Senility	
Arteriosclerosis	
Other **Contributory Causes** of importance: Acute Cardiac Dilatation	10-14-39

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) B. O'Warren M. D.

(Address) Laurel Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10108

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Howard Registration Dist. No. 191

Village or City Ilchester No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Valinda O'Donnell If U. S. Veteran, specify WAR

(a) Residence: No. Ilchester, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): July 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Rockville

(State or country) Montgomery Co., Md.

FATHER

13. NAME James Michael O'Donnell

14. BIRTHPLACE (city or town) Rockville, Md.

(State or country)

MOTHER

15. MAIDEN NAME Mary Emma Ray

16. BIRTHPLACE (city or town) Rockville, Md.

(State or country)

17. INFORMANT Mrs Sarah E. Schene

(Address) Johnnycake Rd., Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct. 20, 1939

19. UNDERTAKER Easton Sons & Co

(Address) Ellicott City Md.

20. FILED Oct. 19, 1939 John B. Langhan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 17, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1939, to 10-17, 1939

I last saw her alive on 10-17, 1939; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	1936
Cerebral Hemorrhage	10-17-39

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George E. Burgtorf M. D.

(Address) Ellicott City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10109

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Howard — Registration Dist. No. 190

Village or City Elkridge Md R.F.D. No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Hannah Ragler — If U. S. Veteran, specify WAR —

(a) Residence: No. Elkridge, Md. St., Ward. (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Ragler

6. DATE OF BIRTH (month, day, and year) May 30, 1889

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
50	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) April, 1939

11. Total time (years) spent in this occupation 34 yrs.

12. BIRTHPLACE (city or town) Alexandria, Va. (State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) — (State or country) —

MOTHER

15. MAIDEN NAME Mary Hodge

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT James Ragler (Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Alexandria Va Date 10-21-1939

19. UNDERTAKER H. C. Higinbotham Jr. (Address) Ellicott City Md

20. FILED Oct. 20 1939 Mary E. Bird Williams Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939, to Oct. 12, 1939.

I last saw her alive on Oct 12, 1939; death is said to have occurred on the date stated above, at 9:20 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	7/1/37

Other Contributory Causes of importance:

Name of operation — Date of —

What last confirmed diagnosis? X-Ray — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) J. M. Warren M. D.

(Address) Laurel, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87-A)

10110

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:
County Howard
City or town Glenelg (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rowe Rd.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Howard.
City or town Glenelg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Thorne

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife John T. Thorne
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1874

8. AGE: Years 65 | Months 7 | Days 14 | If less than one day hrs. min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual occupation Home

11. Industry or business Own Home

FATHER 12. Name Frank Duckett
13. Birthplace Unknown

MOTHER 14. Maiden name E. Mary Carroll
15. Birthplace Maryland.

16. Informant John T. Thorne
Address Glenelg Md.

17. Burial, cremation, or removal. Which?) Burial Date thereof Nov. 1, 1939 (month) (day) (year)
Cemetery or crematory Brown's Chapel
Location Dayton Md.

18. Funeral director Easton Sons
Address Edmondson

19. Oct. 30 1939 (Date rec'd by registrar) Alice H. Hebb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1939, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1937, to Oct 29 1939, and that I last saw h alive on Oct 29 1937.

	DURATION
Immediate cause of death Cerebral Hemmorrhage	1 hour
Due to Malignant Hypertension	4 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE K. Albert Harden M. D. or other
Address 102 Winters, Catonsville, Md. Date signed 10-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 6 1939
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10111

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (EI)

County Howard. Md. Registration Dist. No. 195

Village or City near Laurel No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosellia Wheatley If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	Widowed.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widow Unk.

6. DATE OF BIRTH (month, dey, and yeer): Jan. 12, 1860

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, ... hrs. or ... min.
	79	9	10	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.: Housewife

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.: X

10. Dete deceesed last worked at this occupetion (month end yeer): X

11. Totel time (years) spent in this occupetion: ...

12. BIRTHPLACE (city or town) (Stete or country): Unk.

FATHER

13. NAME: Geog. Washington Wheatley

14. BIRTHPLACE (city or town) (Stete or country): Granite Md (Balto. Co.)

MOTHER

15. MAIDEN NAME: Beckley

16. BIRTHPLACE (city or town) (State or country): State of Connecticut

17. INFORMANT: Rev. J. A. Ingers. (Address) Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 10/24 1939

19. UNDERTAKER: W. E. White Co. Inc. (Address) Laurel Md.

20. FILED 10/23/39 19 Frank Shipley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 22 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1938, to Oct 22, 1939

I last saw her alive on 10-22, 1939; deeth is seid to heve occurred on the dete steted above, et 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:

	Date of onset
Arteriosclerotic Cardio Vascular renal disease	-
Other Contributory Causes of Importance:	
Fracture L. Tibia	10-1-38
Chronic Arthritis	10-1-38

Neme of operetion ... Dete of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of Injury ...

Neture of Injury ...

24. Wes disease or injury in eny way related to occupetion of deceesed? No

If so, specify ...

(Signed) J. M. Hanson M. D.

(Address) Laurel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 4 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

10112

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Howard

City or town Marriottsville, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard

City or town Marriottsville, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary P. Zeigler

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jacob Zeigler

6(c) If alive, give age unk. years

7. Birth date of deceased (mo., day, yr.) Dec. 12th, 1878

8. AGE: Years	Months	Days	If less than one day
60	10	15	____ hrs. ____ min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John E. Hayden
13. Birthplace Md.

MOTHER
14. Maiden name Martha J. Vaughn
15. Birthplace Md.

16. Informant Mrs. Pearle Sherman

Address Marriottsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31, 1939 (month) (day) (year)

Cemetery or crematory Woodlawn Cemetery

Location Baltimore Co. Md.

18. Funeral director C. H. Keen

Address Sykesville Md.

19. Oct 30 1939 (Date rec'd by registrar) Alice M. Hebb, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1939, at 8 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to Oct 1939

and that I last saw him alive on Oct 26 1939

Immediate cause of death	DURATION
Carcinoma of the Uterus	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. A. Barnes M.D.

M. D. or other

Address Sykesville Md. Date signed 10-28-39

NOV 6 1939
BUREAU V. S.